

**-63-005510**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**Registrar's No.**

STATE FILE NUMBER

**AMENDED**

DATE AMENDED

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**USE BLACK INK**

**OR  
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

ITEM NO.	SHOULD READ

**DOCUMENT**

BY AFFIDAVIT OF \_\_\_\_\_ MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>Jefferson City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 1</b>		d. STREET ADDRESS (If outside, give location) <b>Highway 54 South</b>	
3. NAME OF DECEASED (Type or print) First <b>Edgar</b> Middle <b>Rufus</b> Last <b>BRACKETT</b>		4. DATE OF DEATH Month <b>March</b> Day <b>4</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-27-1884</b>
9. AGE (last birthday) <b>78</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unk</b>	
11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>J.S. Brackett</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Ann Hutson</b>	
14. NAME OF HUSBAND OR WIFE <b>Bitha Nichols</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unk</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>State Hospital No. 1, Fulton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: <b>lung - bronchopneumonia</b> <b>chronic brain syndrome</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>myocardial infarction due to arteriosclerosis, healed</b>		INTERVAL BETWEEN ONSET AND DEATH <b>[REDACTED]</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>State Hospital No. 1</b>		COUNTY <b>Jefferson</b> STATE <b>Mo.</b>	
21. attended the deceased from Death occurred at <b>6:35 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Fred P. Handlin</b>	
22b. ADDRESS <b>Fulton, Mo.</b>		22c. DATE SIGNED <b>3/4/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-6-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Centertown Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Centertown Missouri</b>	
24. FUNERAL DIRECTOR <b>Tanner Funeral Home, Jefferson City, Mo.</b>		25. DATE REG. BY LOCAL REG. <b>March 4-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>		27. DATE OF DEATH <b>March 4-1963</b>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Orma L. Hunsicker

Licensed Embalmer No. 4411

P. O. Address Belle Mead

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.